## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 560367 APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED			TER NDMENT	AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL			2/1			50.30

PTO - 1360 (REV. 11/04)

	AS FILED			TER NDMENT	AFTER 2 ** AMENDMENT	
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TOTAL IND.		#		1		+
TOTAL DEP.		<b>4</b>		<b>+</b>		<b>(</b>
TOTAL CLAIMS						140

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